PA'

Application or Docket Number

TENT APPLICATION FEE DETERMINATION RECORD	
Effective October 1, 2000	09/752095

CLAIMS AS FILED - PART I (Column 1)		(Column 2) SMAL			LL ENTITY OR		OTHER THAN SMALL ENTITY					
TO	TAL CLAIMS						Γ	RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		<i>ე</i>		*)			X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS		3 minus 3 = *		*			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, e				ro, entei	r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	718
CLAIMS AS AMENDED - PART II						•			OTHER	THAN		
,		(Column 1)		(Colur		(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AIM	=		X40=		OR	X80=	
	TINOT FRESE	NATION OF IM	OLITE DEF	LINDEIN	CLAIN		'	+135=		OR	+270=	
							_	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	,	(Column 1)		(Colu	mn 2)	(Column 3)	A	DDN. PEE		•	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F OL AINA	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		DD11.1 EE			7.0011.1 22	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	7
	Independent	* NTATION OF M	Minus	***	T CL AIRA	<u> </u>	[X40=		OR	X80=	
<u> </u>	rinoi PHESE	INTAHON OF M	OLHFLE DEF	CNDEN	CLAIM		」	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE									OB.	TOTAL		
***	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											